



Bib Data Sheet


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| <b>SERIAL NUMBER</b><br>09/525,940   | <b>FILING DATE</b><br>03/15/2000<br><b>RULE</b> -  | <b>CLASS</b><br>426              | <b>GROUP ART UNIT</b><br>1781<br>7051 | <b>ATTORNEY DOCKET NO.</b><br>6009-0012-0-CONT |
| <b>APPLICANTS</b><br>Renata Maria Anna Cavaliere ved. Vesely, Milano, ITALY;<br>Claudio De Simone, Ardea, ITALY;   |  |                                  |                                       |  |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A CON OF 08/952,820 01/27/1998 <i>Now US 6,077,504</i><br>WHICH IS A 371 OF PCT/IT97/00127 06/03/1997<br><i>V.A.</i>  |  |                                  |                                       |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>ITALY MI96A001329 06/28/1996<br><i>V.A.</i>  |  |                                  |                                       |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/22/2000</b>   |  |                                  |                                       |  |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance <i>V.A.</i><br>Verified and Acknowledged Examiner's Signature Initials |  | <b>STATE OR COUNTRY</b><br>ITALY | <b>SHEETS DRAWING</b><br>-            | <b>TOTAL CLAIMS</b><br>8                       |
| <b>INDEPENDENT CLAIMS</b><br>1   |  |                                  |                                       |  |
| <b>ADDRESS</b><br>Oblon Spivak McClelland Maier and Neustadt P C<br>Fourth Floor<br>1755 Jefferson Davis Highway<br>Arlington, VA 22202  |  |                                  |                                       |  |
| <b>TITLE</b> <i>Kit with consisting of Bifidobacterium infantis</i><br><i>Enteral dietary compositions comprising Streptococcus thermophilus and Bifidobacterium longum</i>  |  |                                  |                                       |  |
| <b>FILING FEE RECEIVED</b><br>690  | <b>FEES:</b> Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  |                                       |  |
| <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit _____                                      |  |                                  |                                       |  |